SURGERY

UNDER THE CHARGE OF

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Von Recklinghausen's Disease or Osteitis Fibrosa.—YOUNG and COOPERMAN, (*Ann. Surg.*, 1922, **75**, 171) say that osteitis fibrosa is a distinct pathological entity characterized by a fibrous metaplasis of bone. Under this term may be included benign bone cysts, giant cell sarcoma of the epulis type, hemorrhagic osteomyelitis and the generalized form (von Recklinghausen's disease). Two types of the disease are recognized—a local and a general type. Local osteitis fibrosa and benign bone cysts are dependent upon trauma in a great majority of instances. The general form is dependent upon grave nutritional disturbances. Cysts, osteitis fibrosa cystica and giant cells may occur in the same bone. The giant cell content is not prognostic of malignancy. Diagnosis of osteitis fibrosa is based upon the long duration of this process with very vague symptomatology, the frequency of spontaneous fractures and upon roentgen-ray examination. Very often microscopical examination of pathological sections is necessary to clear up the diagnosis. The local form of the disease is benefited by curettage and bone transplant. The type showing multiple lesions must be given constitutional treatment directed toward the underlying constitutional disturbance. If the lesions be accessible curettage and bone transplant may be employed.

The Results of High Ligation of the Cystic Duct in Cholecystectomy.—HARTMAN, SMYTH and WOOD (*Ann. Surg.*, 1922, **75**, 203) say that the cystic duct stump usually dilates to form a pseudo-gall-bladder. We may therefore get a recurrence of the symptoms after a cholecystectomy. Where the cystic duct is ligated flush with the common duct, there is a general dilatation of all ducts, indicating that there is pressure in the biliary system. While the gall-bladder is not essential to life, it seems to have a very definite function of storing bile and acting as a tension bulb to regulate pressure in the biliary system. Nature endeavors to restore the normal condition in the biliary system after the removal of the gall-bladder by dilating and enlarging the ducts including the cystic duct stump.

A Comparative Analysis of 213 Forearm and Leg Fractures.—BIZARRO (*Ann. Surg.*, 1922, **75**, 221) says that backfire is one of the commonest causes of forearm fracture and slipping or twisting the ankle the commonest mechanism of leg fracture in these series. Fracture of the radius alone is the commonest in the forearm and fractures of both tibia and fibula commonest in the leg. The radius was fractured in 84 per cent of cases of forearm (single and double) fractures and the fibula was fractured in 79 per cent of cases of leg (single and double) fractures. The lower third of the radius is the most fragile part of the bone and was fractured in 91 per cent of single radial fractures and the lower third of the fibula is the weakest point of the bone and was fractured in 88 per cent of single fibular fractures. The upper end of the ulna is the commonest seat of single ulnar fractures and the lower third of the tibia the commonest place of single tibial fractures. The lower third of the radius and ulna is the commonest seat of double forearm fractures and the lower tibial third, the commonest level of the leg double fractures. The classic fractures of Colles, Pott, Dupuytren, as conceived by these authorities are comparatively rare. Epiphysial fractures are commoner at the wrist. The marginal fractures of the radius (Barton, Letenneur) are rarer than the marginal tibial fractures. Longitudinal or medullary splits are commonest in the fibula. Chauffeur's fracture may occur at the upper end as well as at the lower end of both radius and ulna. The commonest direction of the fibular fractures is from before backward and upward and is usually incomplete. Fractures of the tubercle appear to occur in a growing bone and fractures of the tibial tuberosity in an adult bone. Fractures of the upper half of the ulna, radius, tibia and fibula diaphysis are usually due to direct trauma.

Duodenectomy (An Experimental Study).—MANN and KAWAMURA (*Ann. Surg.*, 1922, **75**, 208) say that their experiments show that the duodenum is not necessary for life and the fact that noteworthy changes were not observed makes it appear that its function does not differ greatly from that of the rest of the intestinal tract. Only one positive finding was obtained. In two of the dogs a large ulcer was found on the jejunal side of the suture line of the gastrojejunal anastomosis. In one of the animals the ulcer perforated, causing peritonitis and death. Since peptic ulcer of the subacute or chronic type is very rare in the dog, it seems significant.

The Treatment of Fractures.—SMITH (*Brit. Med. Jour.*, April 2, 1921, p. 483) says that conservative treatment by splinting has again come into its own purely on account of the excellent results gained by standardized methods in thousands of gunshot compound fractures obviously unsuitable for operative fixation of the fragments. Where experience tells one that good functional results cannot be obtained by splinting alone, we should be prepared to operate, provided we have experience in that method also. The main essential is that, following general principles guiding treatment, we shall pay the strictest attention to details in whatever method we adopt. The author advocates the principles laid down by H. O. Thomas and Sir R. Jones in the mechanical treatment of fractures, namely, a fracture is a potential deformity and must be regarded as such. Strong, steady, fixed extension with corresponding counterextension is required, as distinguished from forcible, intermittent pull succeeded by a period of muscular relaxation; correct alignment in conjunction with obliteration of shortening; avoidance of rigid, circular compression, which tends to produce ischemia. Union may be delayed—this is sometimes unavoidable; but there is a vast difference between delayed union and non-union.